

PO7000105371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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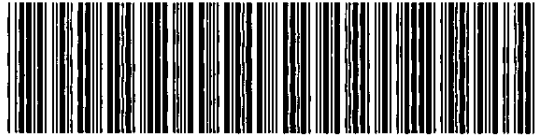
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts OCT 10 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Municipal Claims Management Services, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO7000105371

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL LAUZURIQUE
(Name of Person)

Municipal Claims Management Services, Inc
(Name of Firm/Company)

15715 S. DIXIE HWY #407
(Address)

Miami, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL LAUZURIQUE at (305) 969-2288
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kenneth J. Daidone, hereby resign as VICE-PRESIDENT ^{chief operations officer}
(Title)

of Municipal Claims Management Services, Inc.
(Name of Corporation)

P07000105371, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Kenneth J. Daidone
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314